

Utah Work Incentive Planning Services (UWIPS) Referral Form

(An appropriate referral is a **current** recipient of SSI or SSDI)

Consumer Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

E-Mail Address: _____

Birth Date: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Recipients' other funding sources/agency
assistance and amounts (if known):

(Please check as many as apply.)

☐ SSI \$ _____

☐ SSDI \$ _____

☐ Concurrent SSI/SSDI \$ _____

☐ Medicare

☐ Medicaid

☐ Subsidized Housing

☐ Food Stamps \$ _____

☐ TANF/FEP \$ _____

☐ General Assistance \$ _____

☐ Other: _____

Please indicate: _____

Affiliated Agencies: _____

Current Employment Status: _____

Gross Monthly Earnings: \$ _____

Primary Disability: _____

Special Language or other Consideration:

☐ Sign Language

☐ English as a Second Language

☐ Other:

Please indicate: _____

Representative Payee/Guardian Info

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

E-Mail Address: _____

Referral Source Information

Date of Referral: _____

Referral Name: _____

Referral Agency: _____

Referral Phone Number: _____

E-Mail Address: _____

Comments/Notes: _____

Please FAX this form to (801) 887-9389 or email to USORUWIPS@utah.gov.

For more information call (801) 887-9530